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CENTRAL DISTRICT COURT
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FILED

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6
 7 Attorneys for *Qui Tam* Plaintiff
 8 Brian S. Ranger

9
 10 UNITED STATES DISTRICT COURT
 11 CENTRAL DISTRICT OF CALIFORNIA

SACV07-0014

JWS

MLGx

CASE NO.

COMPLAINT FOR VIOLATION OF THE
FEDERAL FALSE CLAIMS ACT AND
THE CALIFORNIA FALSE CLAIMS
ACT

JURY DEMAND

[FILED UNDER SEAL PURSUANT TO
31 U.S.C. § 3730(b)(2)]

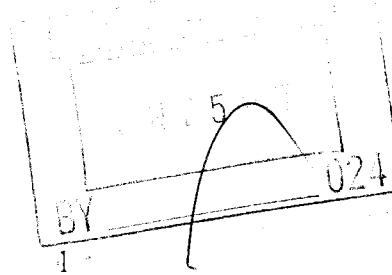
12
 13 UNITED STATES OF AMERICA AND
 14 THE STATE OF CALIFORNIA ex rel.
 15 BRIAN S. RANGER,

Plaintiffs,

vs.

16 PRN AMBULANCE, INC.; DAVITA,
 17 INC.; ALHAMBRA HOSPITAL MEDICAL
 CENTER, L.P.; KIDNEY CENTER OF
 LOS ANGELES, LLC; RENAL
 ADVANTAGE, INC.,

Defendants.)



COMPLAINT

1 *Qui Tam* Plaintiff Brian S. Ranger, by and through his attorneys, brings this complaint on
2 behalf of the United States and the State of California and on his own behalf as follows:

3 **I.**

4 **JURISDICTION AND VENUE**

5 1. This is an action for civil damages and penalties under the federal False Claims
6 Act, 31 U.S.C. § 3729 *et seq.*, and the California False Claims Act, California Government Code
7 § 12650 *et seq.* This court has subject matter jurisdiction pursuant to 31 U.S.C. § 3730(a), 28
8 U.S.C. § 1331 and 28 U.S.C. § 1367. The court has personal jurisdiction over the defendants
9 because the defendants transact business in this district and the acts complained of occurred in
10 this district. Venue is proper in this district under 31 U.S.C. § 3732(a) because the defendants can
11 be found in this district and the acts complained of occurred in this district.

12 **II.**

13 **PARTIES**

14 2. *Qui Tam* Plaintiff Brian S. Ranger (“Ranger”) resides in this district and is
15 employed as a general manager by defendant PRN Ambulance, Inc.

16 3. Defendant PRN Ambulance, Inc. (“PRN”), is a California Corporation, ID
17 # C2248139, located at 345 S. Woods Ave, Los Angeles, California 90022. PRN provides non-
18 emergency ambulance and wheelchair and litter van services in Los Angeles County, including
19 the Cities of Los Angeles and Long Beach. PRN has been in business since October 2000.

20 4. Defendant Davita, Inc. (“Davita”) is a Delaware Corporation headquartered at
21 601 Hawaii Street, El Segundo, California 90245. Davita operates a nationwide network of
22 kidney dialysis centers, including the Hollywood Dialysis Center located at 5108 Hollywood
23 Boulevard, Los Angeles, California, 90027, and Doctors Dialysis of East L.A., located at 950
24 South Eastern Avenue, Los Angeles, California 90022.

25 5. Defendant Alhambra Hospital Medical Center, L.P., (“Alhambra Hospital”) is a

26 **COMPLAINT**

1 California limited partnership located at 100 South Raymond Ave, Alhambra, California 91801.
2 Alhambra Hospital operates a hemo-dialysis center (Alhambra Community Dialysis). Dr. Steven
3 Shan-Jen Ho ("Dr. Ho") is a nephrologist who is an Alhambra Hospital staff member.

4 6. Defendant Kidney Center of Los Angeles, LLC, ("Kidney Center of LA") is a
5 California Limited Liability Company with its principal place of business at 1125 West 6th
6 Street, Suite 101, Los Angeles, California 90017. The Kidney Center of LA is jointly owned and
7 operated by nephrologists, Dr. Philip Hom and Dr. Hira Jindal, and Innovative Dialysis Systems,
8 Inc. ("IDS"), a California corporation headquartered in Long Beach, California. The Kidney
9 Center of LA is operated as a dialysis facility.

10 7. Defendant Renal Advantage, Inc., ("Renal Advantage") is a Delaware Corporation
11 headquartered at 115 East Park Dr., Suite 300, Brentwood, Tennessee 37027. Renal Advantage
12 is a nationwide provider of dialysis services and operates several dialysis facilities in California,
13 including a dialysis facility located at 5714 East Olympic Boulevard, Los Angeles, California
14 90022.

15
16 III.

17 **FIRST CLAIM FOR VIOLATION OF THE FEDERAL**
18 **FALSE CLAIMS ACT AGAINST DEFENDANT PRN**

19 8. PRN is an approved Medicare and Medi-Cal (California Medicaid) provider. As
20 an approved provider, PRN is contractually and statutorily obligated to follow Medicare and
21 Medi-Cal reimbursement rules, limitations and exclusions when billing for transportation
22 provided by ambulance or wheelchair or litter van.

23 9. Title XVIII of the Social Security Act divides costs related to medical care which
24 are reimbursable by Medicare into Parts A, B and D. Ambulance services are defined as "medical
25 and other health services" which are covered under Part B. Ambulance services, however, are
26 reimbursable only "where the use of other methods of transportation is contraindicated by the
27 beneficiary's condition. In any case in which some means of transportation other than an

28 COMPLAINT

1 ambulance could be utilized without endangering the patient's health, whether or not such
2 transportation is actually available, no payment may be made for the ambulance transport." Thus,
3 Medicare only pays for ambulance transportation that is medically necessary based on the
4 patient's condition at the time of transport and, unlike Medi-Cal, it does not pay for other forms
5 of medical transportation, such as wheelchair or litter vans that do not meet the staff, vehicle and
6 equipment requirements set forth in Medicare guidelines for ALS ("Advanced Life Support") or
7 BLS ("Basic Life Support") ambulance services.

8 10. Medicare coverage includes payment for non-emergency scheduled and
9 unscheduled ambulance services when the patient's condition is such that any other form of
10 transportation is contraindicated and, subject to the exception at 42 C.F.R. § 410.40(d)(3)(ii), the
11 ambulance supplier obtains a written order certifying medical necessity from the beneficiary's
12 attending physician or, under limited circumstances, another authorized individual, i.e. physician
13 assistant, nurse practitioner, clinical nurse specialist, registered nurse or discharge planner who is
14 employed either by the beneficiary's attending physician or the facility where the beneficiary is
15 being treated and who has personal knowledge of the beneficiary's condition at the time the
16 transport is ordered or the service was furnished. The presence of a signed physician certification
17 does not necessarily demonstrate that the transport was medically necessary. The ambulance
18 supplier must meet all coverage criteria in order for payment to be made and only the certifying
19 physician or other authorized individual who has personal or professional knowledge of the
20 patient's condition may complete the certificate of medical necessity. A form certificate of
21 medical necessity ("Physician's Certification Statement" or "PCS") which is merely signed by a
22 physician or other authorized individual wherein the remaining portions of the certificate which
23 describe the patient's condition is prepared by another person in such a way as to falsely
24 substantiate medical necessity is a misrepresentation which constitutes a violation of the False
25 Claims Act if the purpose is to obtain payment for an ambulance transport which would not
26 otherwise be reimbursable.

27 11. A substantial portion of PRN's business includes the transport of Medicare and
28

COMPLAINT

1 Medi-Cal beneficiaries to and from outpatient dialysis facilities for maintenance dialysis
2 treatment. Most transports of dialysis patients to and from outpatient dialysis facilities for
3 maintenance dialysis treatment are non-emergency transports which do not ordinarily require
4 ambulance services. Since approximately October 2000 to the present, however, PRN has
5 routinely transported non-emergency dialysis patients who are Medicare beneficiaries to and
6 from outpatient dialysis facilities by ambulance and billed these ambulance transports to
7 Medicare as if they were medically necessary even though other means of transportation could
8 have been used without endangering the patient's health. In order to falsely document medical
9 necessity for the purpose of billing Medicare, PRN billing personnel with no personal or
10 professional knowledge of the patient's condition would either prepare the PCS for signature by a
11 physician or other authorized individual and include false information that misrepresented
12 medical necessity information on the PCS form or PRN billing personnel would obtain a pre-
13 signed, oftentimes undated, PCS form from the outpatient dialysis facility and then complete the
14 form with false information about the patient's condition that would misrepresent medical
15 necessity at the time of transport. The following are specific examples:

16 a) Between February 15, 2005 and November 22, 2006, Medicare patient
17 #333463239A was transported by ambulance to and from the Renal Advantage dialysis facility
18 at 5714 East Olympic Boulevard, Los Angeles, for a total of 228 trips that were billed to
19 Medicare for a total amount of \$86,654.00. Even though several of PRN's internal trip sheets
20 prepared by the transporting EMT show that the patient's condition was stable, that the patient
21 was ambulatory and that the trips were conducted without incident, PRN billing personnel pre-
22 prepared the corresponding PCS forms for signature by the dialysis facility physician which
23 falsely stated that the patient was unable to ambulate and could not stand or walk.

24 b) Patient SSN #xxx-xx-9955 was scheduled for ambulance services between
25 November 7, 2006 and January 6, 2007 from the Briar Oaks nursing facility to Davita's
26 Hollywood Dialysis Center and back. A blank PCS form was signed, un-dated, by a physician at
27 the dialysis facility on or about November 15, 2006. The medical necessity information on the

28 COMPLAINT

1 form was left blank for subsequent entry by PRN billing personnel.

2 c) Patient SSN #xxx-xx-8372 was scheduled for ambulance services between
3 November 10, 2006 and January 9, 2007 from the Skyline Healthcare Center to Davita's
4 Hollywood Dialysis Center and back. A blank PCS form was signed, undated, by a physician at
5 the dialysis facility on or about November 15, 2006. The medical necessity information on the
6 form was left blank for subsequent entry by PRN billing personnel.

7 d) On or about November 18, 2006, Dr. Ho at Alhambra Hospital signed a
8 blank PCS form for patient SSN #xxx-xx-5546 for ambulance transportation from the Westlake
9 Convalescent Home to Alhambra Community Dialysis and back. The medical necessity
10 information on the form was left blank for subsequent entry by PRN billing personnel.

11 e) On or about November 22, 2006, a dialysis facility physician signed a
12 blank PCS form for patient SSN #xxx-xx-6382 for ambulance transportation from the patient's
13 residence to Davita's Doctors Dialysis of East LA and back. The medical necessity information
14 on the form was left blank for subsequent entry by PRN billing personnel.

15 f) Patient SSN #xxx-xx-6006 was scheduled for ambulance services between
16 November 21, 2006 and January 20, 2007 from the Briar Crest Convalescent facility to the
17 Kidney Center of LA and back. On or about December 1, 2006, a blank PCS form was signed,
18 undated, by a physician at the dialysis center. The medical necessity information on the form
19 was left blank for subsequent entry by PRN billing personnel.

20 g) On or about December 1, 2006, a physician at the Kidney Center of LA
21 signed a blank, undated, PCS form for ambulance services to be provided by PRN for patient
22 SSN#xxx-xx-3807 from the patient's residence to the Kidney Center of LA and back. The dates
23 of service and medical necessity information on the form were left blank for subsequent entry by
24 PRN billing personnel.

25 12. From approximately October 2000 to the present, PRN has implemented a policy
26 to bill all ambulance transports of Medicare covered patients to Medicare even in cases in which
27 some other means of transportation could have been utilized without endangering the patient's

28 COMPLAINT

1 health. In order to falsely bill Medicare for such non-reimbursable ambulance transports, PRN
2 billing personnel would either prepare PCS forms containing false medical necessity information
3 for a physician's signature or they would obtain blank signed PCS forms from physicians and
4 enter false medical necessity information on the form, even though the actual condition of the
5 patients did not justify payment from Medicare for ambulance services. PRN billing personnel
6 would then submit false claims to Medicare by using either HCFA form 1500 or an electronic
7 billing form and, on each of these forms, PRN would knowingly insert codes which
8 misrepresented that the ambulance transport was medically necessary and reimbursable under
9 Medicare rules.

10 13. By virtue of the acts described above, the defendant has knowingly presented or
11 caused to be presented false or fraudulent claims for payment or approval in violation of 31
12 U.S.C. § 3729(a)(1) and has knowingly made, used, or caused to be made or used , false records
13 or statements to get false or fraudulent claims paid or approved in violation of 31 U.S.C. §
14 3729(a)(2).

15
16 IV.

17 **SECOND CLAIM FOR VIOLATION OF THE CALIFORNIA AND**
18 **FEDERAL FALSE CLAIMS ACTS AGAINST PRN**

19 14. Plaintiffs re-allege paragraphs 1-13 as if fully set forth herein.

20 15. Medi-Cal (California Medicaid) is a program of medical assistance for certain
21 medically needy and low income families who meet the categorical requirements of federal and
22 state laws. The Medi-Cal program is funded from a combination of federal and state monies.
23 Similar to Medicare's reimbursement rules for ambulance transports, Medi-Cal also requires
24 "medical necessity." For non-emergency transportation of dialysis patients, Medi-Cal covers
25 ambulance and other medical transportation (i.e. wheelchair and litter vans) only when ordinary
26 public or private conveyance is medically contraindicated and transportation is required for
27 obtaining needed medical care. A Treatment Authorization Request ("TAR") is required for non-

28 COMPLAINT

1 emergency transportation. The TAR must be accompanied by an order sheet signed by a
2 physician for the medical transportation to be covered by Medi-Cal. The order sheet must include
3 a statement from the physician describing the medical or physical condition of the patient that
4 makes public or private transportation inadvisable.

5 16. Since approximately October 2000 to the present, PRN has provided medical
6 transportation to non-emergency dialysis patients who are covered by Medi-Cal to and from
7 outpatient dialysis facilities and routinely and knowingly billed Medi-Cal as if these transports
8 were medically necessary even though public or private transportation could have been used
9 without endangering the patient's health. In order to falsely document medical necessity, PRN
10 billing personnel with no personal or professional knowledge of the patient's condition would
11 obtain pre-signed, oftentimes undated, order sheets from the outpatient dialysis facility and then
12 complete the order sheet with false information about the patient's condition that would
13 misrepresent medical necessity at the time of transport. For example, on or about December 1,
14 2006, the Kidney Center of LA provided an undated order sheet, pre-signed by a physician, for
15 Medi-Cal patient I.D.#90368541A25031 for medical transportation services "3X per week for
16 one year" beginning January 1, 2007. The portion of the order sheet describing the medical or
17 physical condition of the patient that made public or private transportation inadvisable was left
18 blank for subsequent insertion by PRN billing personnel.

19 17. By virtue of the acts described above, the defendant has knowingly presented or
20 caused to be presented false claims for payment or approval in violation of 31 U.S.C. §
21 3729(a)(1) and California Government Code § 12651(a)(1) and has knowingly made, used, or
22 caused to be made or used, false records or statements to get false or fraudulent claims paid or
23 approved in violation of 31 U.S.C. § 3729(a)(2) and California Government Code § 12651(a)(2).

24
25 V.
26

27 **THIRD CLAIM FOR VIOLATION OF THE CALIFORNIA AND
FEDERAL FALSE CLAIMS ACTS AGAINST DAVITA,**

28 COMPLAINT

**ALHAMBRA HOSPITAL, KIDNEY CENTER OF LA
AND RENAL ADVANTAGE**

18. Plaintiffs re-allege paragraphs 1-17 as if fully set forth herein.

19. Upon information and belief, Defendants Davita, Alhambra Hospital, Kidney Center of LA and Renal Advantage (“dialysis providers”) have instituted unwritten corporate policies designed to ensure that Medicare, Medicaid and Medi-Cal reimburses PRN and other ambulance and medical transportation providers for Medicare, Medicaid and Medi-Cal covered patients receiving ambulance and other medical transportation to and from the dialysis providers’ facilities regardless of the absence of medical necessity. To facilitate such false billing, physicians and other personnel at the dialysis providers’ facilities who are authorized by federal and state regulations to certify medical necessity have routinely signed, oftentimes undated, medical necessity certifications, PCS forms and order sheets, knowing that ambulance and medical transportation service billing personnel with no personal or professional knowledge of the patient’s condition would insert or had inserted false medical necessity information on the certifications, PCS forms and order sheets in order to falsely bill Medicare or Medicaid.

20. Between approximately January 1997 and the present, by virtue of the acts described above, the dialysis centers have knowingly caused to be made or used false records or statements to get false or fraudulent claims paid or approved in violation of 31 U.S.C. § 3729(a)(2) and California Government Code § 12651(a)(2).

VI.

**FOURTH CLAIM FOR VIOLATION OF THE FEDERAL
FALSE CLAIMS ACT AGAINST PRN**

21. Plaintiffs re-allege paragraphs 1-13 as if fully set forth herein.

22. Medicare covers medically necessary non-emergency, scheduled, repetitive ambulance services provided to Medicare beneficiaries if the ambulance provider, before furnishing the service to the beneficiary, obtains a PCS from the beneficiary's attending

COMPLAINT

1 physician, dated no earlier than 60 days before the ambulance service is provided, certifying that
2 Medicare's medical necessity requirements have been met.

3 23. Since approximately October 2000 to the present, based on information and
4 belief, PRN has routinely billed Medicare for non-emergency, scheduled, repetitive ambulance
5 services provided to Medicare beneficiaries without obtaining signed PCS forms which were
6 dated earlier than 60 days before the date the ambulance service was provided. Without having
7 obtained signed PCS forms dated earlier than 60 days before the ambulance services were
8 furnished,, PRN's reimbursement claims submitted to Medicare were false because the billing
9 codes used by PRN misrepresented to Medicare that timely signed and dated PCS forms had
10 been obtained by PRN. PRN knew they were false because no timely signed and dated PCS
11 forms were on file at PRN. For example, PRN obtained a signed PCS for Medicare patient SSN
12 #XXX-XX-1175 dated January 26, 2006. The PCS expired on March 27, 2006. With no current
13 PCS on file, PRN continued to bill Medicare for 44 non-emergency, scheduled, repetitive
14 ambulance runs between March 28, 2006 and June 3, 2006 at the rate of \$607.75 per run.

15 24. By virtue of the acts described above, PRN has knowingly presented or caused to
16 be presented false or fraudulent claims for payment or approval in violation of 31 U.S.C. §
17 3729(a)(1).

19 **VII.**

20 **FIFTH CLAIM FOR VIOLATION OF THE FEDERAL AND**
21 **CALIFORNIA FALSE CLAIMS ACTS AGAINST PRN**

22 25. Plaintiffs re-allege paragraphs 1-24 as if fully set forth herein.

23 26. Medicare and Medi-Cal pay additional sums of money at set rates to ambulance
24 providers as reimbursement for mileage, per mile, for covered ambulance and medical
25 transportation services. The mileage is required to be accurately stated as a unit charge on the
26 claim form. Upon information and belief, between October 2000 and the present, PRN has
27 routinely entered false excess mileage on Medicare and Medi-Cal claim forms. Because the run
28

COMPLAINT

1 sheets prepared by PRN's EMTs reflect actual mileage, such entry of false excess mileage on the
2 billing forms was done knowingly. For example, between May 29, 2006 and October 25, 2006,
3 PRN charged Medicare for 2 miles for each leg of non-emergency, repetitive ambulance services
4 provided 3 times a week from the patient's residence to a dialysis center and back for patient
5 I.D. # 97109292C instead of 1 mile, the actual distance between the patient's residence and the
6 dialysis center.

7 27. By virtue of the acts described above, PRN has knowingly presented or caused to
8 be presented false or fraudulent claims for payment or approval in violation of 31 U.S.C. §
9 3729(a)(1) and California Government Code § 12651(a)(1).

10
11 **VIII.**

12 **SIXTH CLAIM FOR VIOLATION OF THE CALIFORNIA
13 FALSE CLAIMS ACT AGAINST PRN**

14 28. Plaintiffs re-allege paragraphs 1-20 as if fully set forth herein.

15 29. Medi-Cal pays for single run wheelchair and litter van transportation of multiple
16 Medi-Cal patients but reduces the per patient charge for each additional patient up to four. The
17 number of patients transported in a single run is reflected by a code entered on the billing form.
18 Code XO200 indicates that only one patient was transported, XO202 indicates that 2 patients
19 were transported, XO203 indicates that 3 patients were transported and XO204 indicates that
20 four patients were transported. Upon information and belief, since approximately October 2000,
21 PRN has routinely misrepresented the number of patients transported by wheelchair and litter van
22 in order to falsely claim more reimbursement from Medi-Cal than it was entitled. For example,
23 on November 1, 2006, PRN van # 16 transported three patients at once to Monterey Park
24 Dialysis. The patients were picked up 15 minutes apart between 3:00 p.m. and 3:30 p.m. and
25 delivered together to the dialysis facility. Yet, Medi-Cal was charged as if each patient had been
26 transported individually.

27 30. By virtue of the acts described above, PRN has knowingly presented or caused to

28 **COMPLAINT**

1 be presented false or fraudulent claims for payment in violation of California Government Code
2 § 12651(a)(1).
3

4 **PRAYER**
5

6 **WHEREFORE**, plaintiffs pray that judgment be entered as follows:

7 A. For each and every claim, treble damages and civil penalties up to the
8 maximum permitted by law, for the maximum *qui tam* percentage share
9 allowed pursuant to 31 U.S.C. § 3730(d) and California Government Code
10 § 12652(g) and for attorney's fees, costs and reasonable expenses;
11 B. For any and all other relief to which the plaintiffs may be entitled.

12
13 **JURY DEMAND**

14 Plaintiffs request a trial by jury.
15
16

17 Dated: January 3, 2007

Respectfully submitted,

20
21 By: 
Phillip E. Benson

22 WARREN BENSON Law Group
23 Attorneys for *Qui Tam* Plaintiff
24 Brian S. Ranger
25
26
27
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COMPLAINT

ORIGINAL

UNITED STATES DISTRICT COURT, CENTRAL DISTRICT OF CALIFORNIA
CIVIL COVER SHEET

<p>I (a) PLAINTIFFS (Check box if you are representing yourself <input type="checkbox"/> United States and the State of California ex rel. Brian S. Ranger</p>	<p>DEFENDANTS PRN Ambulance, Inc.; Davita, Inc.; Alhambra Hospital Medical Center, LP; Kidney Center of Los Angeles, LLC; Renal Advantage, Inc.</p>
<p>(b) County of Residence of First Listed Plaintiff (Except in U.S. Plaintiff Cases):</p>	<p>County of Residence of First Listed Defendant (In U.S. Plaintiff Cases Only): Los Angeles</p>
<p>(c) Attorneys (Firm Name, Address and Telephone Number. If you are representing yourself, provide same.) Phillip E. Benson, Warren-Benson Law Group, 620 Newport Center Dr., Ste 100, Newport Beach, CA 92660; Tel: 949-721-6636; Fax: 952-955-5177</p>	<p>Attorneys (If Known)</p>
<p>II. BASIS OF JURISDICTION (Place an X in one box only.)</p>	
<p><input checked="" type="checkbox"/> 1 U.S. Government Plaintiff <input type="checkbox"/> 3 Federal Question (U.S. Government Not a Party)</p>	<p>PTF DEF <input type="checkbox"/> 1 <input type="checkbox"/> 1 Incorporated or Principal Place of Business in this State <input type="checkbox"/> 4 <input type="checkbox"/> 4</p>
<p><input type="checkbox"/> 2 U.S. Government Defendant <input type="checkbox"/> 4 Diversity (Indicate Citizenship of Parties in Item III)</p>	<p>PTF DEF <input type="checkbox"/> 2 <input type="checkbox"/> 2 Incorporated and Principal Place of Business in Another State <input type="checkbox"/> 5 <input type="checkbox"/> 5</p>
<p>III. CITIZENSHIP OF PRINCIPAL PARTIES - For Diversity Cases Only (Place an X in one box for plaintiff and one for defendant.)</p>	
<p>Citizen of This State</p>	<p>PTF DEF <input type="checkbox"/> 1 <input type="checkbox"/> 1 Incorporated or Principal Place of Business in this State</p>
<p>Citizen of Another State</p>	<p>PTF DEF <input type="checkbox"/> 2 <input type="checkbox"/> 2 Incorporated and Principal Place of Business in Another State</p>
<p>Citizen or Subject of a Foreign Country</p>	<p>PTF DEF <input type="checkbox"/> 3 <input type="checkbox"/> 3 Foreign Nation <input type="checkbox"/> 6 <input type="checkbox"/> 6</p>

IV. ORIGIN (Place an X in one box only.)

1 Original 2 Removed from 3 Remanded from 4 Reinstated or 5 Transferred from another district (specify): 6 Multi-District Litigation 7 Appeal to District Judge from Magistrate Judge

V. REQUESTED IN COMPLAINT: JURY DEMAND: Yes No (Check 'Yes' only if demanded in complaint.)CLASS ACTION under F.R.C.P. 23: Yes No MONEY DEMANDED IN COMPLAINT: \$VI. CAUSE OF ACTION (Cite the U.S. Civil Statute under which you are filing and write a brief statement of cause. Do not cite jurisdictional statutes unless diversity.)
Qui tam action under False Claims Act, 31 U.S.C. sec. 3730(b)

VII. NATURE OF SUIT (Place an X in one box only.)

OTHER STATUTES	CONTRACT	TORTS	TORTS	PRISONER	LABOR
<input type="checkbox"/> 400 State Reapportionment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce/ICC Rates/etc. <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 480 Consumer Credit <input type="checkbox"/> 490 Cable/Sat TV <input type="checkbox"/> 810 Selective Service <input type="checkbox"/> 850 Securities/Commodities /Exchange <input type="checkbox"/> 875 Customer Challenge 12 USC 3410 <input checked="" type="checkbox"/> 890 Other Statutory Actions <input type="checkbox"/> 891 Agricultural Act <input type="checkbox"/> 892 Economic Stabilization Act <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 894 Energy Allocation Act <input type="checkbox"/> 895 Freedom of Info. Act <input type="checkbox"/> 900 Appeal of Fee Determination Under Equal Access to Justice <input type="checkbox"/> 950 Constitutionality of State Statutes	<input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loan (Excl. Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise <input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Torts to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property	<input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Fed. Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury <input type="checkbox"/> 362 Personal Injury-Med Malpractice <input type="checkbox"/> 365 Personal Injury-Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability	<input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability <input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157 <input type="checkbox"/> 435 Motor Vehicle Product Liability <input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/Accommodations <input type="checkbox"/> 444 Welfare <input type="checkbox"/> 445 American with Disabilities - Employment <input type="checkbox"/> 446 American with Disabilities - Other <input type="checkbox"/> 440 Other Civil Rights	<input type="checkbox"/> 510 Motions to Vacate Sentence Habeas Corpus <input type="checkbox"/> 530 General <input type="checkbox"/> 535 Death Penalty <input type="checkbox"/> 540 Mandamus/Other <input type="checkbox"/> 550 Civil Rights <input type="checkbox"/> 555 Prison Condition <input type="checkbox"/> 580 FORFEITURE / PENALTY <input type="checkbox"/> 610 Agriculture <input type="checkbox"/> 620 Other Food & Drug <input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 630 Liquor Laws <input type="checkbox"/> 640 R.R. & Truck <input type="checkbox"/> 650 Airline Regs <input type="checkbox"/> 660 Occupational Safety/Health <input type="checkbox"/> 690 Other	<input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Mgmt. Relations <input type="checkbox"/> 730 Labor/Mgmt. Reporting & Disclosure Act <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Empl. Ret. Inc. Security Act <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 840 Trademark <input type="checkbox"/> 850 SOCIAL SECURITY <input type="checkbox"/> 861 HIA (1395ff) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(g)) <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS-Third Party 26 USC 7609

VIII(a). IDENTICAL CASES: Has this action been previously filed and dismissed, remanded or closed? No Yes

If yes, list case number(s):

FOR OFFICE USE ONLY: Case Number: _____

UNITED STATES DISTRICT COURT, CENTRAL DISTRICT OF CALIFORNIA
CIVIL COVER SHEET

AFTER COMPLETING THE FRONT SIDE OF FORM CV-71, COMPLETE THE INFORMATION REQUESTED BELOW.

VIII(b). RELATED CASES: Have any cases been previously filed that are related to the present case? No Yes

If yes, list case number(s): _____

Civil cases are deemed related if a previously filed case and the present case:

(Check all boxes that apply) A. Arise from the same or closely related transactions, happenings, or events; or
 B. Call for determination of the same or substantially related or similar questions of law and fact; or
 C. For other reasons would entail substantial duplication of labor if heard by different judges; or
 D. Involve the same patent, trademark or copyright, and one of the factors identified above in a, b or c also is present.

IX. VENUE: List the California County, or State if other than California, in which EACH named plaintiff resides (Use an additional sheet if necessary)

 Check here if the U.S. government, its agencies or employees is a named plaintiff.

Brian S. Ranger - Orange

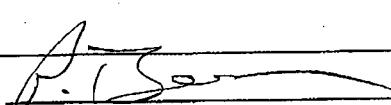
List the California County, or State if other than California, in which EACH named defendant resides. (Use an additional sheet if necessary).

Check here if the U.S. government, its agencies or employees is a named defendant.
 PRN Ambulance - Los Angeles; Davita - Los Angeles; Alhambra Hospital Medical Center - Los Angeles; Kidney Center of Los Angeles - Los Angeles;
 Renal Advantage - Tennessee

List the California County, or State if other than California, in which EACH claim arose. (Use an additional sheet if necessary)

Note: In land condemnation cases, use the location of the tract of land involved.

Los Angeles

X. SIGNATURE OF ATTORNEY (OR PRO PER): Date 1/3/07

Notice to Counsel/Parties: The CV-71 (JS-44) Civil Cover Sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law. This form, approved by the Judicial Conference of the United States in September 1974, is required pursuant to Local Rule 3-1 and is filed but is used by the Clerk of the Court for the purpose of statistics, venue and initiating the civil docket sheet. (For more detailed instructions, see separate instructions sheet.)

Key to Statistical codes relating to Social Security Cases:

Nature of Suit Code	Abbreviation	Substantive Statement of Cause of Action
861	HIA	All claims for health insurance benefits (Medicare) under Title 18, Part A, of the Social Security Act, as amended. Also, include claims by hospitals, skilled nursing facilities, etc., for certification as providers of services under the program. (42 U.S.C. 1935FF(b))
862	BL	All claims for "Black Lung" benefits under Title 4, Part B, of the Federal Coal Mine Health and Safety Act of 1969. (30 U.S.C. 923)
863	DIWC	All claims filed by insured workers for disability insurance benefits under Title 2 of the Social Security Act, as amended; plus all claims filed for child's insurance benefits based on disability. (42 U.S.C. 405(g))
863	DIWW	All claims filed for widows or widowers insurance benefits based on disability under Title 2 of the Social Security Act, as amended. (42 U.S.C. 405(g))
864	SSID	All claims for supplemental security income payments based upon disability filed under Title 16 of the Social Security Act, as amended.
865	RST	All claims for retirement (old age) and survivors benefits under Title 2 of the Social Security Act, as amended. (42 U.S.C. (g))

**UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA**

NOTICE OF ASSIGNMENT TO UNITED STATES MAGISTRATE JUDGE FOR DISCOVERY

This case has been assigned to District Judge James V. Selna and the assigned discovery Magistrate Judge is Marc Goldman.

The case number on all documents filed with the Court should read as follows:

SACV07 - 14 JVS (MLGx)

Pursuant to General Order 05-07 of the United States District Court for the Central District of California, the Magistrate Judge has been designated to hear discovery related motions.

All discovery related motions should be noticed on the calendar of the Magistrate Judge

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NOTICE TO COUNSEL

A copy of this notice must be served with the summons and complaint on all defendants (if a removal action is filed, a copy of this notice must be served on all plaintiffs).

Subsequent documents must be filed at the following location:

Western Division
312 N. Spring St., Rm. G-8
Los Angeles, CA 90012

Southern Division
411 West Fourth St., Rm. 1-053
Santa Ana, CA 92701-4516

Eastern Division
3470 Twelfth St., Rm. 134
Riverside, CA 92501

Failure to file at the proper location will result in your documents being returned to you.